

GENERAL EMPLOYEE INFORMATION

State of Maine

Bureau of Human Resources

BASIC INFORMATION

| EMPLOYEE NAME | | | | SSN | |
|------------------------------|----------------|---------------|----------------|------------------------|----------|
| | | | | | |
| P.O. BOX | STREET ADDRESS | | CITY | STATE | ZIP CODE |
| | | | | | |
| HOME PHONE | | WORK PHONE | | MARITAL STATUS | |
| | | | | | |
| FAMILIAR NAME (IF DIFFERENT) | | CITY OF BIRTH | STATE OF BIRTH | COUNTRY OF CITIZENSHIP | |
| | | | | | |

EMERGENCY CONTACT

| LAST NAME | | FIRST NAME | | RELATIONSHIP | PHONE (DURING WORK HOURS) | | | |
|--------------|----------------|------------|--|--------------|---------------------------|----------|--|--|
| | | | | | | | | |
| APT/P.O. BOX | STREET ADDRESS | | | CITY | STATE | ZIP CODE | | |
| | | | | | | | | |

HEALTH STATUS

| HEALTH STATUS | BLOOD TYPE | LAST PHYSICAL | NEXT PHYSICAL |
|---------------|------------|---------------|---------------|
| | | | |

PROFESSIONAL LICENSES

| LICENSE | DATE ISSUED | RENEW DATE |
|---------|-------------|------------|
| | | |
| | | |
| | | |

MILITARY SERVICE

| VETERANS STATUS | BRANCH OF SERVICE | DATE ENTERED | DATE DISCHARGED | TYPE DISCHARGE |
|-----------------|-------------------|--------------|-----------------|----------------|
| | | | | |

EDUCATION HISTORY

| COLLEGE OR UNIVERSITY | TYPE OF DEGREE | DATE OF DEGREE | MAJOR | MINOR |
|-----------------------|----------------|----------------|-------|-------|
| | | | | |
| | | | | |
| | | | | |

Employee Signature _____ Date _____